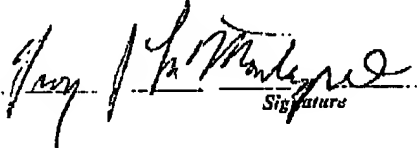


OFFICIAL

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): J hn G. Noetzel, et al.			DP-302911 (DEP-0152)
Serial No. 09/178,537	Filing Date 02/07/2001	Examiner Carol Diane Chaney	Group Art Unit 1745
Invention: SOLID OXIDE AUXILIARY POWER UNIT REFORMAT CONTROL			
<p>I hereby certify that this <u>Amendment Transmittal Letter and Amendment</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>1-703-872-9311</u>) on <u>May 13, 2003</u> (Date)</p> <p><u>Nidia M. Deras</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Nidia M. Deras</u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

FAX RECEIVED  
MAY 14 2003  
GROUP 1700

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>DP-302911 (DEP-0152)</b>		
Applicant(s): <b>John G. Noetzel, et al.</b>					
Serial No. <b>09/778,537</b>	Filing Date <b>2/7/2001</b>	Examiner <b>Carol Diane Chancy</b>	Group Art Unit <b>1745</b>		
Invention: <b>SOLID OXIDE AUXILIARY POWER UNIT REFORMAT CONTROL</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	54 -	56 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>06-1130</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: <b>May 13, 2003</b>		
<b>Troy J. LaMontagne</b> Reg. No. 47,239 Confirmation No. 5043 (860) 286-2929			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence		
cc:					